



Application for Postgraduate Audit

Term _____ CWRU ID # _____ CWRU Network ID _____

Name
Last _____ First _____ Middle _____
Preferred _____ Maiden _____

Date of Birth _____ **Gender** Male Female Other
Month / Day / Year

Enrollment Information

I have previously attended Case Western Reserve University. Department _____
 I am employed by Case Western Reserve University as : Faculty Staff Department _____
 Postdoc

Permanent Address *(International applicants must provide their foreign permanent address.)*

Street/Number _____
City _____ State _____ Zip Code _____
County *(only if Ohio Resident)* _____ Country _____

Address for Admission Mailings *(if different from Permanent Address)*

Street/Number _____
City _____ State _____ Zip Code _____
County *(only if Ohio Resident)* _____ Country _____
Until what date is this address effective? _____

Telephone Home _____ Cell _____
Business _____ Other _____

E-mail Address _____

Emergency Contact

Last Name _____ First Name _____ Relation _____
Street/Number _____
City _____ State _____ Zip Code _____
Country _____ Telephone _____

Ethnicity *(optional information to be used for statistical purposes only)*

Are you Hispanic or Latino? Yes No
 Native American (Indian or Aleut) Asian Caucasian African American
 Hawaiian or other Pacific Islander Hispanic or Latino Other

Citizenship

I am a U.S. Citizen I am not a U.S. Citizen I have a U.S. Permanent Resident Visa
Country of Birth _____
Country of Citizenship _____
Alien Registration Number _____
Are you a refugee? Yes No

Education

Highest Degree Received _____ Major _____ Graduation Date _____
Institution Attended _____

Postgraduate Audit Applicants

Your Current Title _____

Program/Department _____

Faculty Mentor Name _____

Institutional Affiliation _____

Course Information

Class #	Subject Code	Course #	Hours	Days	Times	Instructor

I agree to pay all tuition charges and other fees associated with my registration. I understand that I will be automatically billed the CWRU Student Medical Plan during the Fall and Spring semesters unless I complete a waiver, online in the Student Information System, by the deadline posted each semester.

I understand that this program is available to those not enrolled in a degree program at Case Western Reserve University and that the cost is ten percent of the regular tuition. I understand that I may only take two courses per semester and only with the professor's consent. Furthermore, I understand that postgraduate audit students receive no grade, nor do they receive academic and/or degree credit, nor may they apply this class towards a degree, nor may they enroll in the same course for credit at any time in the future.

I hereby certify that the information I have provided on this form is accurate and complete. I understand that the misrepresentation or omission of facts is sufficient cause for denial of admission or dismissal from the postgraduate audit program.

Signature of Applicant _____

Date _____